

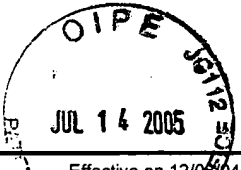


AF
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|--|------------------------|--------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/955,924 |
| | Filing Date | September 19, 2001 |
| | First Named Inventor | Huitema |
| | Group Art Unit | 2131 |
| | Examiner Name | Longbit Chai |
| <input type="checkbox"/> Sent via Express Mail Label No.: | Attorney Docket Number | 177765.01 |

| ENCLOSURES <i>(check all that apply)</i> | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (23 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) __ | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input checked="" type="checkbox"/> Copy of this Transmittal form; <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop After Final, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) _____. July 11, 2005  Date Signature Carole Boelitz Printed Name | | |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application. | | |

| SIGNATURE OF ATTORNEY OR AGENT | | | | | |
|--------------------------------|---|---|----------------|---------------|----------------|
| Signature |  | Reg. No. | 48,958 | | |
| Name of Attorney or Agent | | Carole Boelitz | | | |
| Date | July 11, 2005 | Tel. | (425) 722-6035 | Facsimile No. | (425) 708-5046 |
| Assignee Name: | | MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052 | | | |
| Customer Number: | | 22971 | | | |



Effective on 12/08/04
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Complete if Known

| | |
|------------------------|--------------------|
| Application Number | 09/955,924 |
| Filing Date | September 19, 2001 |
| First Named Inventor | Huitema |
| Examiner Name | Longbit Chai |
| Art Unit | 2131 |
| Attorney Docket No. | 177765.01 |
| Express Mail Label No. | N/A |

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 24 - 25 or HP= 0 x 50 = 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 8 - 8 or HP= 4 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

| Fee (\$) | Fee Paid (\$) |
|----------|---------------|
| 0 | 0 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| -100 = 0 | / 50 = 0 | (round up to a whole) number x | 250 | = 0 |

4. OTHER FEE(S)

| Fees Paid (\$) |
|--|
| Non-English Specification, \$130 fee (no small entity discount) 0 |
| Other: 0 |

SUBMITTED BY

| | | | |
|-------------------|-----------------------|---|---------------------------------|
| Signature | <i>Carole Boelitz</i> | Registration No. (Attorney/Agent) 48,958 | Telephone (425) 722-6035 |
| Name (Print/Type) | Carole Boelitz | Date July 11, 2005 | |



First Named Inventor: Huitema

Attorney Docket No.: 177765.01

Application No.: 09/955,924

Group Art Unit: 2131

Filed: 09/19/2001

Examiner: Longbit Chai

Customer No.: 22971

Confirmation Number: 9394

Title: PEER-TO-PEER-NAME RESOLUTION PROTOCOL (PNRP) GROUP SECURITY INFRASTRUCTURE
AND METHOD

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450

Response under 37 C.F.R. § 1.111

Sir:

Please change the attorney docket number to 177765.01

Applicant respectfully responds to the Office Action mailed May 10, 2005 as

follows:

Listing of Claims begins on page 4 of this response.

Remarks begin on page 12 of this response.

Type of Response: Amendment after FINAL

Application Number: 09/955,924

Attorney Docket Number: 177765.01

Filing Date: 09/19/2001